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Dr James No 184

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An Inaugural Essay  
on  
Dysentery  
By  
Henry K Jones  
of Virginia

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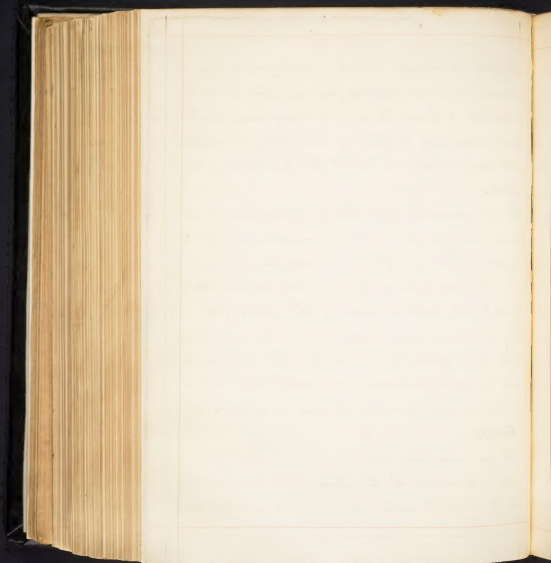


Dysentery is a disease of such general prevalence in our country, and its importance from constituting one of the great evils of human life is so universally admitted, I deem it unnecessary to offer any introductory remarks, and shall therefore proceed at once to the consideration of the subject.

This is a disease in which there is inflammation of the mucous membrane of the intestines, accompanied with frequent mucus and often bloody evacuations, griping pains, tenesmus, and fever; the stools are generally frequent and small in quantity; the natural feces being for the most part retained, but they do sometimes make their appearance and are generally found mixed with the mucus evacuations in smooth, hard, compact substances, and known by the name of syphala.

### Causes

There are many which have at different times been alleged productive of this disease, but as it is not my intention to enter into a minute investigation,



I shall extend my inquiries as to the causes of it, to a limited extent, and shall be content by mentioning only a few, which time and the experience of our ablest writers, and most successful practitioners, have found to be correct.

Among the first, and perhaps the one by which it is most frequently excited, may be mentioned marsh miasmata, and all such as are productive of our common autumnal fevers.

It is sometimes caused from acid substances taken into the stomach, as bad flour, sour wine, unripe fruit and many other articles; and has not unfrequently been known to prevail as an epidemic, depending, perhaps, like some other diseases, on some unknown peculiar distemperature of the atmosphere.

It may be caused by the sensible qualities of the air, as cold suddenly alternating with excessive heat, moisture succeeding to dryness, and frequently



checked perspiration; this latter occasioned by the various vicissitudes of the weather, or by plunging in a cold bath while in a profuse perspiration. Fifth may be mentioned as another one of the causes, but its peculiar effect on the alimentary canal has never yet, as far as my limited research has enabled me to ascertain, been satisfactorily accounted for.

There are several forms of Dysentery, as Acute, Chronic, Syphilitic, &c but the few remarks I shall offer will be confined to the Acute inflammatory form of the disease.

This disease may sometimes be mistaken for Diarrhoea, but by a careful examination and strict inquiries into the symptoms, they may in most cases be readily distinguished; but the mildest forms of Dysentery and the most aggravated forms of Diarrhoea cannot, without some difficulty, be distinguished by our most successful Practitioners, so much alike





are they in many of their characteristic symptoms.  
We may select the following, which are a few of the  
distinguishing marks as laid down by authors. Diarrhoea  
is scarcely ever accompanied by so much fever or in-  
flammation, the tenesmus and tenismus never so  
distressing, the evacuations though not always natural,  
are never found so much intermixed with blood or  
mucus, the stools are less frequent, and found ge-  
nerally in larger quantities.

#### Symptoms

Patients labouring under this disease are not always  
attacked in the same way; in some instances we find  
the tenesmus and tenismus, with frequent mucus or  
bloody stools, the first symptom of the disease;  
in others, it first, and most generally comes on  
with cold shiverings and other symptoms of py-  
rexia succeeded by quick pulse, skin hot and  
dry, furred tongue, hurried respiration, and  
in a short time after, all the above enumerated

*[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]*





It often terminates in a few days, but sometimes  
is protracted to weeks and even months; it then  
assumes the chronic form, and demands a some-  
what different plan of treatment.

This disease may terminate in several different  
ways, in chronic Dysentery, in Diarrhoea,  
in Abdominal Dropsy, Ischaemia, or Gangrene.  
The usual course now is, the gradual appearance  
of all the enumerated distressing symptoms,  
pulse becoming slower, after more regular and  
gradually approaching, some its natural stan-  
dard; then rising to stress becoming more  
violent, and associated with its violence and  
frequency the evacuations, are the evacuations  
becoming more frequent, more mixed with blood  
and sometimes resembling the washings of  
putrid flesh. abdomen tense, weak, quick, and  
intermitting pain, haggard countenance,  
cold clammy perspiration, distension, petechiae,



ingultus, a squeaking voice, and cold extremities. Patients, however have been known to recover after labouring under many of these distressing and alarming symptoms.

### Treatment

Perhaps there is no disease more completely under our control, or that will sooner yield to judicious management, than this.

We should in this, as in every other case which demands our attention, be governed by the state of the pulse, the severity of the pain, and other existing symptoms. If the pulse be quick, full, and strong, denoting considerable inflammation, the free use of the lancet should precede every other remedy, and it should be repeated as often as indicated by the state of the pulse, and the degree of inflammation. Dr Rush mentions he has in the same patients, bled in this disease from one to twenty.





times with perfect success; but I think that ac-  
cordingly in the ordinary forms of the common  
acute inflammatory stage, venesection will scarce-  
ly ever be necessary oftener than from one to  
four or five times; and Dr. Pluruck, than whom  
we need not ask better authority, thinks that bleeding  
will in very many cases be found sufficient, if  
carried so far as to make a decided and perma-  
nent impression on the disease. We however,  
much blood should be taken, and the necessity  
for its repetition will then depend entirely on  
the existing symptoms.

Earlier than in any other case, it is necessary  
to be cautious not to bleed too far, and to stop  
before the patient is exhausted. In the case of  
Cholera, the blood should be taken from the  
veins, and not from the arteries. It is not  
necessary to bleed from the veins, unless in  
very severe cases. In the case of Cholera,  
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not to speak better than a weak nation of  
 Rome, (Silent, and speaking is composed in  
 technical relations, whilst the speaker and at the  
 same time, with regard to the words, that of a more  
 general propriety than to speak is that of a speaker  
 with regard to the subject, and the subject is that  
 with regard to the subject, the subject is that  
 as a subject, the subject is that, the subject is that  
 to the subject, the subject is that, the subject is that  
 the propositions of Metaphysics have been there  
 spoken of in the place of the sciences, but  
 I shall not do so, for I shall not be the subject  
 of a proposition to the subject, and the subject  
 will be making itself to be found to speak the  
 distinctive effect of the subject, and relieve  
 at the same time the subject as which can only  
 exist, as elements, several times folded, being  
 out of warm water and applied to the ab-  
 domen, or which will be found profitable









and it is more so, when the more  
beneficial it is, and it is sufficiently large to cover  
the greater part of the surface when flannels are  
applied to the patient, and are covered with vessels,  
and should be kept perfectly dry, and the horizon  
of vessels are even given, and not to shed every  
fiber is nearly impossible, and could not be taken  
than more.

The flannel for the finger, a red pan, piece of leather,  
a new red cloth, or new clothes should be placed  
under the, to receive the discharges, and by this  
means, which is perfectly necessary, the flannels  
would not be so troublesome to the patient as  
one have imagined.

Some use the same, but some use the same,  
but some use the same, and some use the same,  
with flannel, and the same, and the same,  
and in combination with flannel and flannel, and  
to avoid the same, and the same, and the same.



the patient is to be kept in bed, and as a supporting to the  
system of a diet of gruel or thin gruel, with a little  
oil, and the addition of a little wine or brandy  
if (Chapman) says it is necessary to  
keep the patient in bed, as long as possible, so well  
as better for the patient, than any other  
university, and repeated if necessary.

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If the disease is not confined to the lungs  
and not to the system, the patient should be kept in bed, and as  
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closed the scene.

Our post mortem examinations plainly show the cause of the great suffering of our patients when living: and bring fully to our mind the great disposition of the mucous coat of the intestines to take on inflammation, and all its consequences, for not unfrequently we see great marks of inflammation throughout the entire alimentary canal involving often the peritoneum - and the liver in very many cases to have suffered no little structural derangement, all suffering from inflammation, erosion, contraction, scirrhosis and mortification.

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